

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: 801 530-6511

REQUEST FOR 90-DAY EXTENSION OF LPC STUDENT EXEMPTION FROM LICENSURE

Name of Student: _____ Social Security Number: _____

Address of Student: _____ Phone Number: _____

School Student is Attending: _____

Name of Mental Health Therapist Supervisor: _____

Supervisor's Mental Health Therapist License Number: _____

Date Supervisor was Licensed as an Mental Health Therapist: _____

Expiration Date of Supervisor's Mental Health Therapist License: _____

Work Address of Mental Health Therapist Supervisor: _____

Phone Number of Mental Health Therapist Supervisor: _____

Number of years of full time experience as a Mental Health Therapist prior to beginning supervision: _____

Describe your duties and responsibilities in your current position as a Mental Health Therapist supervisor:

List the name and license number of other students or LPC's you currently supervise:

Is the student you supervise an employee of the agency where supervision took place?

Yes _____ No _____

Name of facility where the mental health therapy training took place: _____

Address of Facility: _____

Phone Number: _____

Describe the duties and responsibilities of the student:

Did supervision take place at your place of employment? Yes _____ No _____

If supervision did not take place at your place of employment, describe how you were able to provide supervision in accordance with the supervisor requirements set forth in statute and rule.

Inclusive Dates of Student Supervision: from _____ to _____

Date faculty supervision of internship will end: _____

I hereby verify that the above named student, for the time period identified above, has been under my supervision under an internship program for college credit, which internship program is supervised by faculty of the above named college, and that the continued employment of this student for the 90 days beyond the end of the supervision of faculty of the college does not pose a threat to the public health safety or welfare and that the student has performed satisfactorily and that I will promptly notify the Division if there is any problem with the student during this extension and I will comply with the duties and responsibilities of a supervisor as specified in R156-60a-601.

Signature of Supervisor: _____

Date of Signature: _____

I hereby verify that the above information is complete and accurate, and acknowledge that this extension if granted will only allow me to continue to be employed by the above agency and under the supervisor as identified above only for a period ending the earlier of the following: (a) 90 days after graduation or (b) 90 days after this internship is no longer supervised by faculty of the above institution. I further acknowledge that after expiration of this extension, it is unlawful conduct to engage in activity for which a license is required without having been granted a license by the Division. I acknowledge that this exemption will not allow me to work under any other supervisor or for any other agency.

Signature of the Student: _____

Date of Signature: _____